

# DC Medical Orders for Scope of Treatment (MOST) Form Instructions

#### **Patient**

### Step 1

Please print the MOST form and take to your authorized DC-licensed Medical Doctor (MD), Osteopathic Physician (DO), or Advanced Practice Registered Nurse (APRN). It is recommended that the form be printed on bright visible paper for easy identification.

#### **Patient and Healthcare Provider**

### Step 2

Make sure that all sections are complete (patient contact info and sections A-D). Treatment choices documented on the form should be the result of shared decision-making by the patient or their authorized representative, and authorized DC-licensed MD/DO/APRN, based on the patient's preference for end-of-life care.

## Step 3

Both the patient (or their authorized representative) and authorized DC-licensed MD/DO/APRN must sign the MOST form in section D, in order for it to be valid.

# Step 4

End-of-life treatment orders shall be honored by all authorized DC-licensed healthcare providers or allied health professionals and can be transferred from one provider to another, from the patient's home, or in any health care setting. Within 72 hours of transfer, the receiving facility shall review the MOST form with the patient/authorized representative.

# Step 5

The official MOST form must be filed in the patient's medical record. One copy <u>must</u> stay with the patient, and another copy sent to the DC Department of Health (DC Health).

## Step 6

To cancel the MOST form, please draw a line through "DC Medical Orders for Scope of Treatment" at the top of the page and write "Void" in large letters. Any updates to your MOST form will require a **new form be completed**.